FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **ESOP PAC** 1200 18th Street, N.W. ADDRESS (number and street) **Suite 1125** (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kmark@esopassociation.org (Check if address is changed) Optional Second E-Mail Address jbonham@esopassociation.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 1985 C00196089 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bonham, James, J., Mr., Type or Print Name of Treasurer Bonham, James, J., Mr., [Electronically Filed] 03 13 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	regated fund or party
		committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Form 1 (Davised 02/2000		Dogo 2
FEC Form 1 (Revised 02/2009 Write or Type Committee Name	<u>''</u>	Page 3
ESOP PAC		
	Affiliated Committee Laint Fundacione Domesontation of L	anderskin DAC Conservation
	ation, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
The ESOP Association	<u> </u>	
Mailing Address	18th Street, N.W.	
Suite	1125	
L Wash	nington DC 2	20036
	CITY STATE	ZIP CODE
	- SIAIL	ZII CODE
Relationship: Connected Organ	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the person	n in possession of committee
Mark, Kristie, , ,		1
Full Name1200	18th Street, N.W.	
Mailing Address	1125	
		20036
Wasi	hington DC 2	
Title or Position	CITY STATE	ZIP CODE
Chief Oper. Officer	Telephone number 202	
Treasurer: List the name and addre any designated agent (e.g., assistan	ess (phone number optional) of the treasurer of the committee; and at treasurer).	the name and address of
Full Name Bonham, James, C	J., Mr.,	
of Treasurer	121 2: 1 191	
Mailing Address 1200	18th Street., NW	
STE 1	l125 	
Wash	nington DC 2	20036
Title or Position	CITY STATE	ZIP CODE
President	Telephone number 202	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc. PNC Bank	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo Name of Bank, [PNC Bank P.O. Box 609	
safety deposit bo Name of Bank, [PNC Bank P.O. Box 609 Pittsburgh CITY STATE	9738
safety deposit bo Name of Bank, I Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	9738
safety deposit bo Name of Bank, I Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	9738
safety deposit bo Name of Bank, I Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	9738
safety deposit bo Name of Bank, I Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	9738
safety deposit bo Name of Bank, I Mailing Address	PNC Bank P.O. Box 609 Pittsburgh Pittsburgh CITY STATE	9738

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Amend to add connected organization.

Form/Schedule: Transaction ID: